



## Companion Animal Behaviour Referrals

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### RABBIT CASE HISTORY QUESTIONNAIRE

#### BACKGROUND INFORMATION:

Your Name:

Address:

Telephone Number:

Name of referring veterinary surgeon:

Practice address:

Practice telephone number:

Name of rabbit:

Breed/type:

Age:

Sex:

Is the rabbit neutered?

If so, when?

How much does your rabbit weigh or how long is it from nose to tail when lying on its side?

#### EARLY HISTORY

How old was your rabbit when you obtained it?

Where did you get your rabbit from?

If your rabbit is re-homed, please give any details of its previous history on the back of this sheet.



## MEDICAL HISTORY

Does your rabbit have any current medical problems?

Has it had any previous problems – give details?

Is it under medication?

Has it had any teeth problems?

Does it have its teeth clipped? How often?

How often do you clip its nails and who does it?

## ENVIRONMENT

What sort of bedding do you give your rabbit?

Where does your rabbit live?

Does it have access to a run – when and how often?

Does the run have its own hutch or den?

How long does the rabbit stay in the run?

To what areas of the house does the rabbit have access?

How is it confined and for how long:

During the day?

During the night?

If it is a house rabbit, does it ever go outside?

On the other side of this sheet, please draw a diagram of your rabbits hutch/cage/run with dimensions or provide a photograph indicating location. Please indicate anything inside these areas such as pipes, toys etc.

## TOILETING

Does the rabbit use a litter tray indoors – if so what type of litter is used?  
How many litter trays do you have and where are they?

Have you ever seen the rabbit ‘spray’ inside or outside the home? If so where?

## CHEWING

Does your rabbit chew its hutch / cage/ run?

Does it chew the wooden parts?

Does it chew plastic parts?

Does it chew metal parts?

Does your rabbit ever chew items inside the home? Please give details.

## HUMAN INTERACTION

Does the rabbit have any toys?

Do you play with the rabbit?

If so in what way and for how long?

## CATS

Are there cats in the neighbourhood? Please give details.

Do they come into your garden?

## THE PROBLEM:

Describe the problem you are having with your rabbit in as much detail as possible – please use the other side of this sheet if needed:

(As rabbit communication is very subtle and difficult to describe, it would be very helpful if you could provide a video showing your rabbit acting naturally in its environment and performing the problem behaviour).

What happens immediately before your rabbit performs these behaviours? What are you and the rabbit doing?

What happens immediately after to both you and the rabbit?

When did the problem begin – can you remember any details of the first time?

When does the problem occur – is it in particular circumstances?

How frequently does it happen? Is it becoming more or less frequent, or staying the same?

Where does it occur- is it always in the same place?

Who is usually present?

When was the last incident? Please give details of what happened.

What have you already tried to cure this problem?

## OTHER PROBLEMS

Does your rabbit have any other problems?

Is it nervous of:  
Children?

Strangers?

Any family member?

Dogs?

Is the rabbit good to:  
Groom?

Stroke?

Pick up?

What sort of brush do you use to groom your rabbit?

## REHABILITATION

How much time do you feel able to commit to working with your rabbit to solve these problems?

What do you envisage happening if the behaviour problem persists?

Thank you for completing this questionnaire. Please forward it, your deposit and any supporting video or photographs to reach me at least 4 working days prior to your appointment. If you have any queries do not hesitate to phone me.

I look forward to meeting you and your rabbit.